

INTERVIEW CHARACTER REFERENCE

APPLICANT'S NAME: \_\_\_\_\_

INVESTIGATING OFFICER: \_\_\_\_\_  
(PLEASE PRINT NAME)

REFERENCE NAME: \_\_\_\_\_ DATE INTERVIEWED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

YEARS LIVING IN COUNTY: \_\_\_\_\_ ARE YOU A U.S. CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_

1. HOW INTERVIEWED? PHONE: \_\_\_\_\_ IN PERSON \_\_\_\_\_

2. HOW LONG HAVE YOU KNOW APPLICANT? \_\_\_\_\_

3. ARE YOU RELATED IN ANY WAY TO APPLICANT? \_\_\_\_\_

IF YES, HOW ARE YOU RELATED?? \_\_\_\_\_

NOTE TO INVESTIGATION OFFICER: IF ANSWER IS YES TO BEING RELATED TO APPLICANT, THE REFERENCE CANNOT BE USED. PLEASE RETURN THE APPLICANT'S FILE TO THE PISTOL PERMIT DEPARTMENT AND THEY WILL CONTACT THE APPLICANT TO OBTAIN A NEW REFERENCE.

DO YOU KNOW IF APPLICANT ABUSES ALCOHOL OR DRUGS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU KNOW IF APPLICANT HAS MENTAL, PERSONAL OR EMOTIONAL PROBLEMS OR ACTS IN ANY MANNER THAT WOULD POSE A THREAT TO PUBLIC SAFETY IF HE OR SHE WERE ARMED?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HOW WOULD YOU CHARACTERIZE APPLICANT'S MANNERISM AS TO GETTING ALONG WITH OTHER PEOPLE? \_\_\_\_\_

ANY REASON WHY YOU FEEL LICENSE SHOULD NOT BE GRANTED?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU HAVE A FIREARMS LICENSE?

YES \_\_\_\_\_ NO \_\_\_\_\_